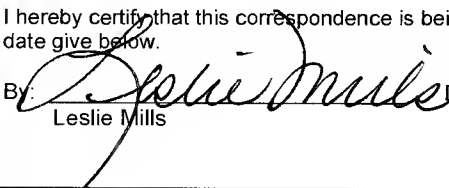
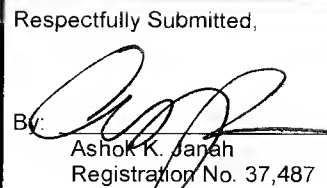


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Brown et al.	Art Unit: 2836
Application No: 10/816,152 Confirmation No: 9014	Examiner: Lucy M. Thomas
Filed: March 31, 2004	Attorney Docket No: 008325 USA/AGS/SPARES/HMM
Title: DETACHABLE ELECTROSTATIC CHUCK	January 28, 2008 San Francisco, CA 94107

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450 VIA ELECTRONIC FILING	Extension of Time <input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136	
Papers Enclosed <input checked="" type="checkbox"/> Amendment in Response to 2nd Non-Final Office Action <input type="checkbox"/> Drawing <input checked="" type="checkbox"/> Second Supplemental Information Disclosure Statement <input checked="" type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcards for Return	Extension (Months)	Extension Fee
		Large Entity Small Entity
	<input checked="" type="checkbox"/> One Month	\$120.00 \$60.00
	<input type="checkbox"/> Two Months	\$450.00 \$225.00
	<input type="checkbox"/> Three Months	\$1,020.00 \$510.00
	Total \$ 120.00	
	<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.	

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	19	20	0	\$50.00	\$25.00	\$ 0.00
Independent Claims	4	4	0	\$200.00	\$100.00	\$ 0.00
Multiple Dependent Claims	0	0	0	\$360.00	\$180.00	\$ 0.00
Total						\$ 0.00

Fee Payment		Fee Deficiency	
Extension Fees	\$120.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> .	
Fees for Extra Claims	\$ 0.00	and/or	
2 nd Supplemental IDS	\$180.00	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
Total	\$300.00		
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$300.00 .		Please direct telephone calls to: Ashok K. Janah at (415) 538-1555 Please continue to send correspondence to: Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107	
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being electronically filed on the date give below. By:  Date: January 28, 2008 Leslie Mills		Respectfully Submitted,  By: Ashok K. Janah Registration No. 37,487 Date: January 28, 2008	